

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">101023714</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.
1	/						61						
2		/					62						
3		/					63						
4		/					64						
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40							100						
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46													
47													
48													
49													
50													
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	16						TOTAL DEP.						
TOTAL CLAIMS	20						TOTAL CLAIMS						